

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address NU WAY LINEN & SUPPLY 3001 E. Anaheim, Street, Long Beach, CA 90804		A. State Manifest Document Number 84341201		B. State Generator's ID CAYADO 1505	
4. Generator's Phone ( )		5. Transporter 1 Company Name OMEGA CHEMICAL CORP.		6. US EPA ID Number C ADO 4 22 45 0 01		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991		E. State Transporter's ID	
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number C ADO 4 2 245 0 01		G. State Facility's ID C ADO 4 2 245 0 01		H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	14. Unit Wt/Vol
				No.	Type		
a. WASTE PERCHLOROETHYLENE ORM-A UN 1897				7	DM	350	G 451
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
MAD 101C							
15. Special Handling Instructions and Additional Information							
GLOVES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name GEORGE HECHT				Signature <i>George Hecht</i>		Date Month Day Year 11 29 84	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>George Woods Jr.</i>		Date Month Day Year 11 29 84	
Printed/Typed Name George Woods Jr.				Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 400, Sacramento, CA 95802